



3737/1

Docket No. 270/271

Certificate of Mailing/Transmission (37 C.F.R. § 1.8(a)):

Pursuant to 37 C.F.R. § 1.8, I hereby certify that this paper and all enclosures are being deposited with the United States Postal Service as first class mail on the date indicated below in an envelope addressed to the Assistant Commissioner for Patents, Washington D.C. 20231.

[] Pursuant to 37 C.F.R. § 1.6(d), I hereby certify that this paper and all enclosures are being sent via facsimile on the date indicated below to the attention of Examiner _____ at Facsimile No. _____ at _____ a.m./p.m.

Dated: November 27, 2002

Name of Person Certifying:

Printed Name: LAER BARRETT

Applicant: WHAYNE, James G., et al.
Filing Date: January 4, 2002
Serial No.: 10/039,415
Title: SYSTEMS AND METHODS FOR USING ANNOTATED IMAGES FOR CONTROLLING THE USE OF DIAGNOSTIC OR THERAPEUTIC INSTRUMENTS IN INTERIOR BODY REGIONS

Assignee: SciMed Life Systems
Examiner: S. Shaw
Group Art Unit: 3737

Assistant Commissioner for Patents
Washington, D.C. 20231

RECEIVED

RESPONSE & FEE TRANSMITTAL

DEC - 6 2002

Sir:

TECHNOLOGY CENTER R3700

In response to the Office Action mailed on August 28, 2002, enclosed herewith for filing are the following:

- A Response/Amendment [16] page(s)
- A Response to Restriction Requirement under 35 USC § 121 [] page(s)
- An Amendment Under 37 CFR § 1.111 [] page(s)
- An Amendment Under 37 CFR § 1.116 [] page(s)
- Other _____ [] page(s)

Also included are:

- A Petition for Extension of Time [] months [] page(s)
- Information Disclosure Statement [] page(s) of PTO-1449 [] copies of IDS citations
- Applicant(s) claim Small Entity Status under 37 CFR § 1.27.
- Terminal Disclaimer
- Return Postcard

| Fee Calculation | | | | | |
|--|-----------|-----------------------------|---------|-------------------------|--------------|
| <input type="checkbox"/> The following fees are submitted: | | | | | |
| EXTRA CLAIMS FEE | | | | OTHER THAN SMALL ENTITY | SMALL ENTITY |
| CLAIMS | CURRENT # | # OF CLAIMS PREVIOUSLY PAID | # EXTRA | RATE | RATE |
| Total Claims | - 20 | | | × \$18.00 | × \$9.00 |
| Independent claims | - 3 | | | × \$80.00 | × \$40.00 |
| MULTIPLE DEPENDENT CLAIM(S) | | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | \$270.00 | \$135.00 |
| Petition for Extension of Time Fee (months) \$ | | | | | |
| OTHER FEES _____ (specify) \$ | | | | | |
| TOTAL FEES = \$ | | | | | |

- Conditional Petition for Extension of Time: An extension of time is requested to provide for timely filing if an extension of time is still required after all papers filed with this communication have been considered.
- A check in the amount of \$ _____ to cover the above fees is enclosed.
- Please charge Deposit Account No. _____, Docket No. _____, in the amount of \$ _____ to cover the above-fees. *A duplicate copy of this sheet is enclosed.*
- The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 50-1192, Docket No. 270/271. *A duplicate copy of this sheet is enclosed.*

DATE: November 27, 2002

Respectfully submitted,

By:


 William A. English
 Registration No.: 42,515

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